

## Head Start Forward: Health and Safety Considerations

Glenna: Hello, and welcome everyone to the Head Start Forward: Health and Safety Considerations webcast. This is the fourth event in our Head Start Forward Series. It is now my pleasure to turn the floor over to Dr. Bernadine Futrell. Dr. Futrell, the floor is yours.

Dr. Bernadine Futrell: Thank you so much, Glenna. Good afternoon and good morning, everyone. As mentioned, I'm Dr. Futrell, the proud director of the Office of Head Start, and I'm honored to welcome you to webinar number four of our Head Start Forward series towards ramping up for in-person services. Today's conversation on health and safety considerations is timely as we continue to navigate out of the pandemic. I want to thank OHS and the National Center's staff for your leadership and your commitment to doing this work and ramping up to in-person services together as a united Head Start community.

As we began this conversation on health and safety considerations, I do want to pause and recognize where we are right now in the pandemic. First, COVID-19 is not over. We are still in a pandemic, per the public health declaration. As the Head Start community, I am asking you to do your part to keep yourself and others safe. Getting a vaccine continues to be the most important mitigation strategy that we have. And as Head Start, we have an added weight to get our community vaccinated because our Head Start children are not yet eligible to receive the vaccine. I also want to lift up the racial disparities in both death and vaccine rates for COVID-19. This virus has exposed many systemic issues within the structures that we know and trust. I, however, see this as an opportunity to be united in our approach to address these inequities – our approach to get and keep people healthy and safe. That is why I am focused on addressing health equity within Head Start by working with each of you through this conversation that we are having today and working with other federal partners, such as HERSA and others, to do this work together. I want to say thank you to our wonderful Head Start community. It's amazing to see so many of you online today. I thank you for your commitment and your leadership for this work. I know we can do this, and I know that we can do this together. So with that, I welcome you to webinar number four for health and safety considerations for Head Start Forward. Thank you.

Marco Beltran: Next slide, please. Thank you, Dr. Futrell, and good afternoon and welcome. My name is Marco Beltran, and I'm the health lead for the Office of Head Start. And like Dr. Futrell, I would like to welcome you to the fourth webinar of the Head Start Forward campaign designed to help support our Head Start community to reach more children and families in moving toward fully in-person comprehensive services, as local health conditions allow. Our intent in all our Head Start Forward campaign webinars is to provide guidance, information, and resources that would help you make decisions centered on strengthening families and on education, health, safety, and well-being of staff, children, and families. Today's webinar will address health and safety considerations. And after the webinar, we would encourage you to keep the conversation going on social media using the #HeadStartForward. I'm excited to be part of this webinar alongside our Office of Head Start leaders, including our Director of the

Office of Head Start, Dr. Futrell, who you just met, our Director of Grants division, Shawna Pinckney, and Heather Wanderski, who is our director of program operations division. In addition, we have our colleagues from the National Center on Health, Behavioral Health and Safety that include Dr. Jill Sells, who's our National Centers medical advisor; Beth Lowe, who is our oral health education specialist; Nicole Patterson, who is a nutrition lead for the center; Dr. Abbey Alkon, who is part of the center's leadership team; and Bobbie Rose, who is one of the center's training and technical assistance specialists.

Next slide. Today, our goal is to provide you with important health and safety information that includes an opportunity for you to hear from our Office of Head Start leaders as they address answers to questions that we have been receiving. Our National Centers colleagues will discuss takeaways and recent changes from the July 2021 CDC ECE guidance update, share recommendations on safely implementing Head Start comprehensive health, oral health, and meal services; explain Caring for Our Children COVID-19 modifications; and introduce you to the Head Start Forward COVID-19 Health and Safety Checklist for operating Head Start programs and the COVID-19 Health and Safety Supply List.

Next slide, please. As we move into the question and answer portion, I just wanted to highlight and kind of address the notion that as you all work toward full enrollment and full in-person comprehensive services, it is important to keep in mind CDC, state, and local health department guidance, as well as your local school district's decision. With that, our first question goes to Shawna.

Shawna Pinckney: Hi, Marco.

Marco: Hi, Shawna. How are you doing today?

Shawna: Great, thank you.

Marco: Great. This is one of the questions that we've been receiving quite a bit, and a lot of conversations have been taking place around it. I wanted to ask you, does the Office of Head Start recommend that programs require the use of mask for in-person services?

Shawna: Yes, absolutely. Our Head Start programs should make mask use universally required, regardless of the vaccination status of staff. The American Academy of Pediatrics recommendations and the CDC offer guidance for wearing masks indoors to create safe schools during this COVID-19 pandemic. And some of the reasons for this guidance and these recommendations are that all of our Head Start and Early Head Start children are not yet eligible for vaccination. In addition, it's always important for staff to model consistent and correct mask use for children age 2 and older. And we know it's difficult to monitor the vaccine status of all of our staff and parents. Many of our communities, as we're learning recently, have low vaccination uptakes where the virus may be circulating more predominantly. In addition, increased community transmission of the variant at a spread more easily among children is resulting in more severe illness from COVID-19 among children. And then finally, we know that

masking is effective in reducing transmission of this virus and protecting those who are not vaccinated.

Marco: Thank you, Shawna. I think the reasons that you gave are really useful as programs try to kind of consider how to implement and how to explain it to, not just their staff, but also to the parents as we return to the in-person services. Thank you. Next slide, please. Our next question is for Heather. Hi, Heather.

Heather Wanderski: Hey, Marco.

Marco: As it relates to the program year 2020-21, toothbrushing was suspended. What is OHS guidance now as it relates to oral health hygiene and toothbrushing?

Heather: Great question, and I know we've been hearing a lot about this and getting a lot of inquiries. What I want to say is that the Office of Head Start wants programs to be able to promote effective oral hygiene. So while toothbrushing was suspended during the last program year, the guidance now is that toothbrushing can resume as long as the program takes necessary steps to reduce virus transmission. I think what programs really need to consider is that part of those steps should include making sure that anyone who is helping children with toothbrushing be fully vaccinated and that they are wearing a properly fitted mask. And I do believe that our National Centers are planning to talk a little bit more about some of those precautionary steps that programs can take in these situations. Thanks.

Marco: Great, Heather. That's been one of the questions that we've been receiving quite a bit related to toothbrushing and what we were going to be recommending from the Office. Next slide, please. Similar to – this question is for Heather as well – similar to the toothbrushing guidance that was provided for the program year 2020-2021, we gave some indication and some recommendations to not engage in family-style meals. Is there new guidance around family-style meals?

Heather: Another great question. And what I want to say is that the CDC has said that there is very low risk of virus transmission from food, surfaces, and other shared objects. Therefore, like toothbrushing, family-style meals can resume if the program can take necessary steps to ultimately reduce the risk of virus transmission. I think part of those steps – when you look at this, really talk about making sure that children are seated further apart while they're eating, provide as much fresh air as possible, and make sure that masks are kept on until eating commences. And then, really along those lines, making sure that everyone is practicing good hygiene, and it's really important for children to make sure that they're washing their hands before and after they eat. Thanks.

Marco: Thank you, Heather. Next side, please. Heather, during the past year, when the pandemic first started, we started to get a lot of questions around transportation, and we started to see a lot of guidance coming out of CDC related to transportation. So we responded, and the Office responded with an IM with some further guidance, and we had a webinar that took place. As it relates to now and as programs start to go into in-person services, we're seeing

questions surface again around how to provide transportation services. How can programs support transportation safety?

Heather: Yeah, I mean, that's a great question, and I'm glad to be able to raise this up again because I know that this is on the minds of a lot of programs as they are looking to resume in-person services. There really are a lot of actions that a program can take to transport children safely to and from their program. First, want to raise up that programs should continue to seat children as far as part as possible, limiting one child per bench, and making sure that children are not seated in consecutive rows. I think the one exception to that is that children from the same home can be seated together since they are in the same living quarters. But, I think, also very important is that the bus driver and monitor should be practicing the same safety precautions as other staff members in the program. And that includes the hand hygiene and the use of masks. I also think that in transportation situations, windows can also be open to increase ventilation as well. So all of those steps, I want to raise up and say that they can be used to help with making sure that children are transported safely.

Marco: Thank you, Heather. Next slide, please. Heather, as a former health service manager, one of the things that was really complicated for us is trying to figure out what to do when a child was sick in our program, right? Considering where we're at now, how should programs evaluate child wellness and determine if a child is sick?

Heather: Oh, I think of my own every day. I think when we have children, they go to school, and I think that first year, they get every sickness possible when they're in shared spaces just with building up their own immunity to different things. But I will say that I've very much lived through this myself, but we know that children have seasonal allergies, they get upper respiratory infections, and they can exhibit many symptoms that can be really hard to distinguish from COVID-19. That said, I think really the last thing we want to do is end up excluding a child from a program unnecessarily. I think what we want to do is make sure that we're asking programs to work with our health services advisory committees to review and make changes to their sick child policy if it's warranted. We really want programs to be able to maximize their in-person attendance while minimizing, obviously, COVID exposure. But really, I think the only way to do that is to work with both the child's health care provider, as well as the local health department to determine what should be used as exclusion criteria in these situations. I think it's a delicate line, and I think it's something important that we really need to make sure that we're consulting before we exclude children from our programs for these types of symptoms. Thanks.

Marco: Thank you. Next question. Shawna, this question is for you. One of the things that was really kind of stressful to hear, I guess, over the past several months, I think the conversation has shifted slightly. But when listening to the news or looking at some of the news reports and people were being interviewed, one of the things that was really astonishing to me was when somebody would say, "now that COVID is over." And it would just kind of make me just kind of stop, and it's like, "No!" That said, what is the status of the public health emergency now?

Shawna: Excellent and very important question. Our secretary – the secretary of the Department of Health and Human Services – has the authority to determine that a public health emergency exists. Certainly, our current public health emergency was initially declared in January of 2020, and Secretary Becerra extended the public health emergency that was initially declared in January. It was recently extended just this past July – so July 20<sup>th</sup> – and it has been renewed for every 90 days. We certainly are currently still in a public health emergency, and we've included in here a link where folks can go to receive additional information.

Marco: Thank you, Shawna. Next question, please. Next slide. Thank you. Heather, we have talked several times related to program options and how to explain program options as it relates to moving to in-person services. One of the questions that keeps on coming up, and some of our programs are struggling with, is figuring out how to support safe home visits. Can you give us an idea of how to do that please?

Heather: Great. I'm getting hit with the popular ones today I feel like, Marco. Because this one certainly has come up quite a bit. I want to say that the first thing is for all staff conducting home visits to do a personal assessment of their own risk of transmission, as well as assess any complicated risks if they get infected. They should also, I think, take note of any family members in that home for the same purpose. Taking stock of your own concerns or health risks as well as others. But I think, importantly, I think prior to the visit, we want to make sure that we contact the family and ask a few assessment questions. And you'll see there on the slide that we have two of them. I think the first one is important, and I think anyone who's gone to a health provider or been out, they get these very similar screening questions. The first one is, "Is there anyone in the family exhibiting signs or symptoms of a respiratory infection, such as a fever, cough, sore throat, or shortness of breath? The second is, "Has anyone in the family within the last 14 days had contact with someone with COVID-19, contact with someone with known exposure to COVID-19, or has anyone been ill with a respiratory illness?" I think really making sure that and taking stock in the responses.

If the response is yes, then the home visit should not be in person, but rather conducted through alternate means, either as virtual or through a telephone call. I think to continue in that vein – if we could flip to the next slide. Conversely, if responses to all the screening questions are negative, then the home visit can proceed in person as originally planned, but we want to make sure that we're still taking precautionary measures, and we've identified a number of them on this slide. And I can go down through them. One, maintaining that six feet of social distance between the home visitor and family members. Conducting the home visit outdoors, if possible. Weather permitting, if you've got the ability to do it, then we're still encouraging that practice. Properly fitted mask – those, I think, go without saying. Completion of that self-assessment of symptoms and fever prior to entering the home. Making sure that you exit immediately and notify a supervisor if anyone in the home is ill. Minimizing contact with surfaces, using hand sanitizer, and then of course, the ever important, making sure you avoid touching your face.

I think as we've said in other webinars and guidance, if a program doesn't have the ability to conduct an in-person home visit, they should consider other alternatives, such as providing them or conducting them in public places, like libraries and community centers. We also want to encourage programs to work with their local health services advisory committee, as well as local health departments to determine community risk when making decisions regarding conducting home visits. That's primary, and we continue to reinforce making sure you're consulting with your local health department, as well as your health services advisor committee in these situations. Thanks, Marco.

Marco: Great. Thanks, Heather. And I think it was really important to broaden this out as it relates to not just home visitors from the traditional home visiting model, but for all our Head staff who make the home visits. I thought that was really key. Thank you.

Heather: Absolutely, because I think when people think about home visitors, they think of the traditional home-based home visitor, but there are many other staff that do home visits. This is important information because it's broad, and this should apply to anyone going or planning to do an in-person at a family home.

Marco: Thank you. Shawna, this question is for you. We've been getting a lot of questions from programs and also a lot of advice from our medical communities and other partners that we have that we engage with. And one of the things that we're hearing is that due to COVID-19, many children have missed their well-child visits and the recommended childhood vaccinations. How can Head Start support childhood vaccinations?

Shawna: That's a great question, Marco. I mean, we know our families have been doing a really great job of staying at home as much as possible, which helps to stop the spread of COVID-19. And that is certainly very important. Unfortunately, it also means that some children have missed their regular checkups and recommended childhood vaccinations. And we always go back to our experts, the CDC and AAP, who recommend that every child continue to receive the recommended vaccinations even during this current COVID-19 pandemic. And certainly, the pandemic that we are in is a great reminder of the critical importance of vaccinations. The decline in routine pediatric vaccine doses administered indicates that children and their communities could be facing an increased risk of outbreaks of vaccine preventable diseases. Programs should remind parents of the need to protect their children against serious vaccine preventable diseases, even as the COVID-19 pandemic continues. For example, if a child is due for a well-child visit, program should advise that parent or those parents to call their health care providers and ask about special measures that they may have in place to safely offer those well-child visits. And as Head Start programs continue to reopen for in-person services, it's particularly important for staff to remind parents to work with their child's doctors and nurses to make sure that they are caught up on the missed well-child visits, as well as the recommended vaccines.

Marco: Thank you, Shawna. Next question. Shawna, this question is for you as well. At the onset of the year when the vaccinations started to be made available, the administration put together an initiative to really encourage our early current education programs, as well as our

schools, to have their staff get vaccinated. And a lot of our programs took advantage of it, and we saw huge increases in the number of ECE, in general – the number of ECE, not just Head Start staff – going out to get their vaccines. We tried to answer this question previously, but it keeps surfacing, so we wanted to ask this question again. Will OHS require that staff of Head Start grantees get the COVID-19 vaccine?

Shawna: Yeah, I mean, it remains a really important question, I think, especially as we're looking at the return of in-person services. But the decision continues to really remain with the employer or with the individual Head Start and Early Head Start grantee. It is also ... This decision around the requirement for staff to get vaccinated is also subject to the applicable federal and state laws. But we really are asking our programs to continue to look to the guidance from the CDC and from the Occupational Safety and Health Administration, or OSHA, as well as, again, your states and your local guidance in supporting you and helping you make those decisions.

Marco: Shawna, Next side, please. As a follow-up question to that, can Head Start grantees require staff to get the COVID-19 vaccine?

Shawna: Yeah, a little bit of a nuance difference here. Yes, as our grantees, you can require staff to get the COVID-19 vaccine. Now, if that's your choice as a grantee, it's also important that you have developed supportive policies and personnel procedures that take into consideration the requests for – for example – making reasonable accommodations for employees with disabilities and medical conditions or specific religious beliefs and practices as you're thinking through making the vaccine a requirement for your staff. And then finally, lots of resources for our grantees to consult, but here, we draw you to the United States Equal Employment Opportunity Commission, as well as the CDC for further information.

Marco: Thank you, Shawna. And actually, thank you to both Shawna and Heather in allowing me to ask you all these questions. Hopefully, I wasn't putting you on the spot. But thank you for the wonderful job at really explaining the position of the Office of Head Start.

I would now like to turn it over to Dr. Jill Sells and the National Center to help us further think about the health and safety considerations needed as we move forward towards fully in-person comprehensive services.

Jill Sells: Thank you, Marco, and welcome everyone. On behalf of the National Center on Health, Behavioral Health, and Safety, we're really excited to be with you and the Office of Head Start today. I'd like to briefly introduce the team that's presenting here with me today. They bring extensive experience in their areas of expertise and all with a focus on early childhood in this population. Dr. Abbey Alkon brings expertise as both a nurse and an epidemiologist, comes from the UCF Child Care Health Program, and her colleague Bobbie Rose also brings expertise as a nurse and a child care health consultant. Nicole Patterson is our nutrition lead and our expert on Caring for Our Children content from the National Resource Center for Health and Safety in Child Care and Early Education. Beth Lowe is our oral health education specialist from the National Maternal and Child Oral Health Resource Center at Georgetown. And together, we

hope to provide a variety of tools and information to support your programs. Our agenda today, which was mentioned earlier, is we'll talk about takeaways from the most recent CDC guidance related to COVID-19 and ECE programs. We'll share recommendations on how to safely implement Head Start comprehensive health, oral health, and meal services, explain some modifications to Caring for Our Children's standards that have been needed because of COVID-19. And we are really excited to introduce a new Head Start Forward: COVID-19 Health and Safety Checklist for operating programs, accompanied by a supply and task list.

Next slide, please. As you've already heard from Dr. Futrell, public health emergency still exists. We just need to acknowledge upfront that we all wish we were in a different position with respect to this pandemic, but it is a tricky thing that we continue to deal with. And this section of this webinar is designed to share strategies with the Head Start community about how to promote the health and safety of Head Start children and families and staff in the context that we're in. We are certainly aware that rates of infection are unfortunately increasing across the country, along with the spread of the Delta variant, which is more contagious. We also know that infections are mostly occurring only in people who are not yet vaccinated. And it's really this context in which the risk reduction strategies that we'll review today, including vaccinations and masks, are really more important than ever. We are really happy to be able to share them with you again and provide additional resources to help programs implement the recommendations.

Next slide, please. As Dr. Futrell mentioned, equity is central to Head Start and central to what we need to address in this pandemic and moving forward. And this graphic is a reminder that Head Start has always been about that. We know, unfortunately, that many children and families have not been able to access comprehensive Head Start services during the pandemic thus far. We know that many families and communities have been very hard hit by this pandemic, and it is just a difficult situation, and we're going to provide some supports to try to move forward and provide those comprehensive services that really are needed more than ever. Next slide, please.

This was mentioned earlier as well, really, the importance of partnering with the health community and trying to support the health of the children and families in our programs. We know that children in our programs, pre-pandemic, often experienced many health challenges and that those challenges for children and families have often been made worse for a variety of reasons during the pandemic. By working closely with your health services advisory committee, your health consultants, and other community partners related to health, you can help identify what the prevalent health concerns are currently and also gather information about access to services for well-child and sick care among the community health providers. Many things have changed. And so, it's important to understand what is accessible and how things are happening in your community within the health care setting so that you can partner with them and help families access those needed services. It's really important to implement a plan for children who you find are not up-to-date on well-child exams or on screenings and immunizations, or who might need a dental exam or referrals for evaluation and treatment.

Next slide, please. I'm going to switch gears, and we're going to talk a bit about the latest update by the CDC on their COVID-19 guidance for operating early care and education programs. And a reminder that this is a supplement to the information that you have locally and always take into account what's happening in your local jurisdiction. The link is provided here to this guidance. Next slide, please. There is a lot of great information in this guidance, and the vast majority of it relates to risk reduction strategies that we have talked about in the past. And there is additional information focusing on the role that early childhood programs can play in addressing health equity, just as Dr. Futrell was talking about earlier. Pleased to see that this is referred to in the CDC guidance as well.

Next slide, please. The key takeaways from this guidance – many of them are right up front on that first page, which is convenient if you want to look at the guidance itself. The CDC continues to recommend using a layered approach of multiple COVID-19 risk reduction strategies. These strategies are critical, especially in areas with moderate to high rates of community transmission. And unfortunately at the moment, that is much of the country. Vaccination is the leading public health prevention strategy to end this COVID-19 pandemic. Promoting vaccination among all eligible individuals can help ECE programs protect staff and children in their care, as well as families. We know that ECE programs, including all the Head Start programs, serve children who are all under the age of 12 and are not yet eligible for vaccinations. Again, working in context with your local public health community and health partners, it's important to understand what's happening in your local community. The CDC does have a really useful easy to use data tracker. We put the link on here, and you can click on that and go to your state and then your county within that and get up-to-date information about rates of the infection in your community, as well as vaccination rates. And those are critical pieces of information to understand the context of what's happening right now.

Next slide, please. Hopefully, this slide will be familiar to many of you. The National Center has been sharing a set of six risk reduction strategies since the start of the pandemic and the seventh – vaccines – was added in March when vaccines first became available to the Head Start community. The new guidance goes through the same risk reduction strategies. There have not been changes related to hand hygiene and cleaning. And we are going to focus on going through some of these now as we go ahead and move on to the next slide. Vaccines mentioned earlier – and this is just really important – we know that vaccines are the most effective way to try to stop this pandemic. And it's currently available for those 12 and older. We will certainly keep you posted as it becomes hopefully available to younger children in the future, but that is not currently the case. And there is no exact date for when that's going to happen right now. We know that vaccines are extremely effective in preventing severe illness, hospitalization, and death. There have been breakthrough cases, meaning that there are people who've been vaccinated who have gotten sick. However, there's evolving research, which is really keeping close tabs on this. And several studies have demonstrated that the vaccine is extremely effective against the Delta variant. A recent study in three states – New Jersey, Tennessee, and Ohio – specifically looked at people who had been hospitalized, and between 97% and 99.9% of the people in the hospital were not vaccinated. That means for every 100 people that are hospitalized with COVID, between zero and three are people who have received

the vaccine. This means if you've been vaccinated, you are really unlikely to get infected with COVID. But if you do get infected, you are likely to not have any symptoms. If you do have symptoms, they're likely to be very mild and getting really sick or needing hospitalization is extremely rare. So our goal is for everyone who is eligible to get vaccinated as soon as they're able to.

And one of the things that Head Start programs can do to help reduce the transmission of the virus in their communities is to share factual information about the COVID-19 vaccines with staff and families. The National Center hosted a webinar – our National Center hosted a webinar on COVID-19 vaccines, and the information from that is still posted on the website and may be useful to you. We know that people are most likely to listen to trusted sources. You, Head Start program staff, are trusted with many families and community members and with each other. Program leaders can ask staff and families what they know about the vaccines, can ask about permission to have a conversation about it. And we have a resource on ECLKC health page called “Tips for Talking to Head Start Families and Staff About the Vaccine” that we hope that you will find helpful. Some programs have taken additional steps to facilitate access to the vaccine for staff and families, including hosting or connecting with vaccine clinics and other steps that have been shared across programs with ideas. We are excited that on September 21st, our National Center will be hosting another webinar with Dr. Sean O'Leary. He is the pediatric infectious disease specialist who spoke at our COVID vaccine webinar. And he will be joining us again for some of the latest information related to COVID and the vaccine. Next slide, please.

Ventilation is another risk reduction strategy that we've been sharing, and we are excited that we have new resources that we hope will make this area easier to understand and implement. Effective ventilation, good air flow through and out and into the program can reduce the number of virus particles in the air if it's present. And in general, can just improve air quality, which is really important to children's health. We invite you to join the National Center on Health, Behavior Health, and Safety tomorrow at 2:00 PM Eastern time for a webinar on ventilation basics for Head Start programs. It is designed to understand the great variety of facilities in which our programs exist and provide tools and resources that can work across a variety of settings. Considering whether there are ways to bring clean air in through safe use of opening of windows or fans, or potentially making alterations to your heating and ventilation systems within the program. So we encourage you to join us for that.

Next slide, please. Masks – this has also been mentioned several times, but it's really important. Next to vaccines, it is our best resource in terms of decreasing the risk of spread from one person to another. As was already stated, Head Start programs should make masks use universally required for adults and children ages 2 and older. There certainly are some exceptions for children with a variety of disabilities. And if you go to, again, to the resources that our National Center has shared before about masks, it provides you with more information about the specifics. But in general, everyone 2 and up should be wearing masks. The reasons for this again, children cannot be vaccinated at this time, so this is one of the best ways to protect them. We know that adults modeling is the most important way that we teach children

things about healthy habits, including mask use. And unfortunately, we know that this virus is continuing to spread, especially in communities where low vaccination rates exist. For the time being, masks are really the important.

Next strategy – physical distancing. I'm sure we're all aware of this recommendation to keep further apart from people to reduce the spread. We also know that this is not always feasible to distance especially during certain activities, like diapering and feeding and holding and comforting. It's impossible to do that with young children, and there's other times when it's really hard to do that. That makes it all the more important to use the other layered strategies, like masking, ventilation, hand washing, and cleaning, to help reduce the spread when it's not possible to maintain distance. Next slide.

Wanted to describe cohorting a little bit. It may be a term that you've heard, and really this is all about reducing the number of people that any of us are exposed to. The idea of cohorting means keeping people together in a small group and having that small group stay together throughout an entire day. By using consistent groups, we can limit the number of children and staff who come into contact with each other, and this could limit the spread of COVID-19 if it gets into any of these people ... Their amount ... Fewer people. Next slide. Likewise, it's important to think about visitors to the programs. During the pandemic, we have been trying to limit exposure, and there have been times when we have definitely limited who can come into programs that are providing in-person services. And this can be a very important strategy to reducing exposure, but we also know that there are people who provide essential services to support the health of children in our programs. And these include breastfeeding mothers, direct service providers, child care health consultants, mental health consultants, and other individuals who may be needed to provide key services to children within your programs. Because they may need to come in to provide these services, it's really important that programs implemented daily health check for all of these visitors to reduce the risk that any of them could bring COVID into the program.

Next slide, please. Likewise, we want people to not come in if they're sick. We made this point before, but it can be challenging. This is just a reminder that children and staff or parents or anyone who's visiting who have symptoms of an infectious disease should stay home. But as Ben mentioned before, programs should revisit their sick child policy and modify or update it as needed. And it's really important to do this in partnership with health care providers. As you heard earlier, we want to make sure that children are not excluded any more than is necessary. Certainly, individual children who have chronic health conditions, it's important to work closely with their provider to understand what their normal symptoms are. And if they have symptoms that are not related to infectious disease, but you might be uncertain about, it's really important to come up with a strategy that makes sense to protect that child, but keep them in the program as much as appropriate. Then more broadly, what are the symptoms related to COVID-19 or risk of COVID-19 that you need to be thinking about for a general screening policy? And again, doing that in combination with your HSAC, who can help you understand what's happening in your community in terms of rates of transmission is really important. Programs

should work with children's health care providers as needed and with local health departments, as well as their HSAC around this area.

Next slide, please. We're going to switch gears a little bit just to remind ourselves that this isn't just about preventing transmission of COVID-19, which is extremely important, but it's about how do we promote the general and physical health of children in Head Start settings. Next slide, please. The pandemic has provided many challenges, but we know within this area of health, it has in particular, that many children are behind on the schedule of preventive health care or well-child checkups and immunizations. These delayed immunizations, as you heard earlier in this talk, put the children who are not immunized at risk and put others around them at risk for infectious disease as well. Screenings that have been missed or delayed can delay the identification of developmental or other concerns, and therefore, delay referral to figure out if there are further concerns or other interventions that are needed to support the child's health and development. There may be decreased access to specialists, which may further delay diagnosis and treatment.

These are really important issues as we've talked about here, and we are excited that our National Center will be offering a webinar on August 26th to delve into this more deeply, both to help folks understand the current situation and recommendations and strategies on how to support families moving forward. And we encourage you to register for that as well. Next slide, please. This slide actually is drawn from the slides that we're going to be using from that webinar. It has a lot of information in there, but it's to show you that while there are many challenges, there are many points in which Head Start staff can be helpful to families in making these connections. Within the Head Start programs itself, really understanding that the need to prioritize health services and to engage the staff in supporting families in accessing these preventive health services, understanding what's available in the community is important part of that. And it's also important to pay attention to staff wellness and their ability to access what they need to be healthy as well. And the health care community, as we've mentioned, partnering and understanding what's happening at the local level with the providers who can provide services to the families that you serve. Understanding your state's Medicaid periodicity schedules – that means there is some variability between states about what Medicaid the schedule for well-child checkups are and the schedule for dental visits are for young children. It's important to understand what those are, and then, again, connect with those local health providers to help the kids get care. There is broad recognition in the health care community that children are behind and broad interests, just like Head Start has in making sure they get caught up, so this is a real opportunity to partner.

At the same time, as you know, families have been and continue to face many challenges that impact their children's health, their own health, and their ability to access services. Partnering with families to understand and help reduce the barriers that they have to preventive care are certainly part of it. But also assessing what the family social and economic needs might be and help connecting them to supportive services. If families don't have food, don't have housing, it's understandable that their first thing on their to-do list might not be making that well-child checkup, so helping them to assure that their other needs are met so they're in a better

position, hopefully, to also be seeking those health care services. And finally, in the community, we know communities have been hurt in many – many ways during this pandemic, and some services that you used to use may no longer exist or may have changed. But at the same time, new services have been created. There's a tremendous amount of creativity across this country where people and communities and organizations have stepped up to understand and address some of the inequities that exist. Understanding what those are in the community around your programs and exploring ways that you might partner with them so that together you can help the families in your programs access needed services locally. Next slide, please.

The Center for Disease Control, CDC, has many parts to it. And part of it is preventing and supporting the issues around the pandemic, but part of it has always been about preventing infectious disease through vaccinations. And they have created some new campaigns around this, really working, just as we said, about the need to catch children up on their checkups and their vaccinations. We wanted to share these resources with you from the CDC and also point to you where the vaccine schedules are from these links as well. Next slide, please.

And now, I would like to turn it over to Beth, who will focus on the oral health issues. Thank you, Beth.

Beth Lowe: Thanks, Jill. It's a real pleasure to be here today to share some information and strategies. We're going to be focusing on toothbrushing in Head Start programs, but before we do that, I want to just kind of build off of what Jill said and reinforce that receiving oral health care during the pandemic is still safe, and there may be some changes to the dental visits for both children and parents. But it's something that can continue on during the pandemic. Next slide, please. As Marco noted in the Office of Head Start's list of federal policy questions regarding health and safety considerations, toothbrushing was suspended over concerns that the coronavirus could be transmitted through salivary droplets that occur during brushing. But again, as Jill noted too, that the CDC updated their COVID-19 guidance for operating health care in education child care programs and that update included guidance on toothbrushing in child care centers. So that's a good spot to take a look and see what some of what the CDC has said about the issue. Next slide, please.

In keeping with this, OHS's current guidance on oral health hygiene and toothbrushing, is that toothbrushing in group settings may resume if the program can implement strategies to reduce the possibility of transmitting the virus during brushing. It's recommended that program staff helping children with brushing be fully vaccinated against COVID and wear a properly fitted mask covering their nose and mouth for additional protection. Now, ideally, programs who brush infant's and children's teeth or who help children brush their teeth, again, like I said, should be fully vaccinated and should wear the proper physical protection equipment. But since it's possible that many Head Start programs may not know which staff members are vaccinated or unvaccinated, programs would be best served by following universal infection control procedures where all staff wear masks. Anyone helping children brush should also wear gloves, and new gloves should be worn for each child. Toothbrushing at the classroom table is still the recommended approach even during the pandemic. It maintains order, ensures better infection

control, and allows Head Start staff to monitor and assist children when needed. For brushing at the classroom table, seat children as far apart as possible, maintaining social distancing, and have staff supervise the brushing. We realize that programs need flexibility on when the best time of day toothbrushing should occur, so some options for maintaining social distance during toothbrushing can include brushing after meals when children are already seated apart so that after brushing – they brush, and then after the brushing, their tables that they're sitting at are cleaned and disinfected. And then, having an individual cohort brush their teeth together. I'm sure that many of you can think of other options that can maintain social distancing in doing toothbrushing. We want to make sure that we really stress the social distancing part and that the staff are wearing gloves and masks. If children are brushing at the sink, each should be supervised by staff, and the sink needs to be cleaned and disinfected after each child finishes brushing. That's going to create a lot more time spent on brushing in the classroom, and so that's one of the reasons that we prefer to do the toothbrushing at the table because it does take away time from kind of their academic activities. And then, staff should wash their hands with soap and water for at least 20 seconds before and after brushing or helping infants and children brush their teeth. If soap and water aren't available, staff can use hand sanitizers that contain at least 60% alcohol and ensure that children over age 2 wash their hands with soap and water for at least 20 seconds or use hand sanitizer after brushing. Next slide, please.

Most of you are probably aware of the basic steps for toothbrushing, but I'm just going to do a quick review of that. Each child should have their own soft bristle toothbrush that's an appropriate size for their age. For example, infants can have infant brushes and children have child-size toothbrushes, and those toothbrushes should be labeled with their name on it. And then, what will happen is the process for toothbrushing is that the staff wash their hands and dispense fluoride toothpaste. It depends on the age. Children up to age 3 receive a rice-size amount of toothpaste. And then, once you're age 3 and above, or 3 to 6, you dispense a pea-size amount of toothpaste. And this is done on the rim of a disposable cup. You have the children brush their teeth. The toothbrushes are rinsed and then stored. And then, if you're doing it at the sink, the sink is cleaned and disinfected. If it's done at the table, the table is cleaned and disinfected. A couple of notes about the process. You may find more control if the teachers or staffs distribute the toothbrushes to the children before brushing and put the brushes in the holder after brushing. That can also help to kind of control and avoid any cross-contamination between brushes. We've also had a lot of questions about toothbrush sanitizers, and programs may opt to use them. However, storing toothbrushes uncovered, sitting upright in a holder so that they don't touch each other, is still inappropriate, ineffective, and much less expensive approach for preventing cross-contamination.

Next slide, please. This slide shows the process for brushing not under the table, but at the table under current circumstances. Again, children should be seated apart from each other. Each child receives their toothbrush, a disposable cup with a pea size amount of fluoride toothpaste on the rim of the cup, and a paper napkin. They scoop the toothpaste off of the rim of the cup, brush their teeth, and spit into the cup, or you can also have the children's spit into the napkin or the paper towel that's distributed to them.

If they spit into the cup, they should wipe their mouth and then stuff the napkin into the paper cup and dispose of it in an appropriate container. Of note, on the CDC recommendations, it includes rinsing after brushing. But however, Head Start follows the recommendations from the American Academy of Pediatric Dentistry, the American Academy – or the American Dental Association, and the American Academy of Pediatrics to not rinse after brushing. This allows fluoride some time remaining in the mouth to provide some additional protection against the development of tooth decay. In other words, it provides topical protection. After the napkin and paper cup are disposed of properly, the toothbrushes are rinsed, and they're put into the toothbrush holder. And again, we talked a little bit earlier about it might be easier and more control if teachers or staff collect and put the toothbrushes into the toothbrush holder.

Next slide, please. Before I go, I'd like to leave you with some resources that you can refer to when resuming toothbrushing in your programs. The first one is "Toothbrushing in Head Start Programs During the COVID-19 Pandemic." This was recently posted to ECLKC. It breaks down toothbrushing strategies and best practices that are divided into sections – one for babies, one for toddlers, and one for young children. It's available in English and Spanish. However, it's not yet available as a handout. The second is "Classroom Circle Brushing: Quick Reference Guide" that was produced by the Indian Health Service Head Start program, and it's a quick reference poster that Head Start staff can use as a reference when they're first starting to learn how to do the toothbrushing at the table, or it can be used to train staff or to show parents the process. Finally, "Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs" is a video that can be used to train Head Start staff to begin daily toothbrushing activities in their programs.

Thanks for letting me share this important information. We're thrilled that toothbrushing is resuming in Head Start programs again, and that children will once again benefit from this effective preventive approach. Next slide, please. I'll now turn the next segment of this webinar over to Nicole Patterson, who will talk about family style meals and Caring for Our Children's standards. Nicole?

Nicole Patterson: Hi, thank you, Beth. I'm not sure if you can see me on camera, but I'm going to go ahead and go with it. We're going to talk about family style meals. And first, just as a quick reminder, please send any questions that you may have regarding any of the topics we've discussed or family style meals to the Q&A function rather than the chat function. Next slide, please.

Family style meals provide a unique opportunity for children as well as staff to eat well, to engage positively with each other, and also, it's an ideal time for teaching those social skills. Family style dining encourages learning and development, not only at the table, but away from meal time as well. Children learn independence, they learn those social skills, and other important habits, habits that will last them throughout adulthood. With that, based on CDC guidance, in general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or food packaging, surfaces, and shared objects as well. Again, we should always handle and prepare food safely. But with that,

programs can resume family style meals if a program implement strategies to reduce the risk of transmitting the virus. Next slide, please. Next, we've laid out some of these strategies to reduce the risk of transmitting COVID-19. And these are part of a layered approach to protect children and staff during meal and snack service. Keeping masks on until children and adults are eating; set up the table with serving dishes, water pitchers, and utensils before the meal; seating children further apart – a lot of programs have used name cards to appropriately space children, so that's been a helpful tool there; providing as much fresh air as possible; washing hands prior to and immediately after eating; and then, cleaning and sanitizing food surfaces before and after meals as well. And again, just to reiterate, caregivers are encouraged to sit with children at the table to support, promote, and facilitate conversations and to provide fine motor or feeding support. And remember, masks should be worn if children and staff are seated, but not actively eating. And I'd like to just take another moment to really speak to the importance of this layered approach, including the physical distancing, the ventilation, the hand hygiene by washing hands and cleaning and sanitizing since children are not vaccinated at this time and there are no masks being worn while eating. Again, that really eliminates two of those really important layered risk reduction strategies during mealtime. And again, this may be a new kind of mealtime experience for some children as well, so this may be a time to really reintroduce and teach children what they can expect during this new meal time routine as well. Next slide, please.

Next, I want to get into the Caring for Our Children, or CFOC, COVID-19 modifications. Next slide, please. The COVID-19 modifications address the Caring for Our Children, or CFOC, best practices that are not aligned with current CDC recommendations. On this slide, we've provided examples of standards that have been modified to fit the needs of today. They follow all the current guidance as of the dates listed. These modifications, live on the website as of July 13<sup>th</sup>, can be accessed. And again, you can access all COVID-19 modifications at the NRC website, or National Resource Center website, and [rckids.org/cfoc](http://rckids.org/cfoc). The National Resource Center developed action oriented methods to modify relevant CFOCs standards to align with current COVID-19 information. Standards were selected for modification where existing recommendations were not consistent with current evidence outlining recommendations to decrease the spread of COVID-19. Those sources could be the CDC, the Environmental Protection Agency, and other current COVID-19 research. Standards were modified using the following method. Standards were selected and prioritized using a crosswalk of the current CFOCs standards. Standards were then modified by the NRC based on those current best practices, evidence, and national guidelines. The standards were modified again – I'm sorry – they were modified and then they were sent for review by subject matter experts, where their feedback was incorporated into that most recent version. And then, the final version was sent off to the federal project officers for final approval. This is an ongoing process. We continue to collaborate with experts to identify key information and get that key information included in the modifications. Modifications will be revised as needed when updated evidence and expert recommendations are made public. The really important thing here is to keep checking back regularly for the most updated and current information and updates to those CFOC modifications.

Next slide, please. And here, you'll find an example of the COVID-19 modifications. This one is for Standard 2.3.1.2 Parent and Guardian Visits. First, you'll see red text stating that after reading the CFCO standard, please see the COVID-19 modification below, and also please consult with your local state licensed and public health requirements as well. Users will read the standard as it currently is, and then follow and review the COVID-19 modification information in that red box down at the bottom. And again, that's the information that we update regularly and review regularly for the most updated and up-to-date information. Next slide, please.

And with that, I'll go ahead and turn it over to Abbey to talk about the COVID-19 Health and Safety Checklist.

Abbey Alkon: Thanks, Nicole. And Bobbie Rose and I are going to talk to you today about the new COVID-19 Health and Safety Checklist, and we're really excited to share with you a new checklist that we hope you find really helpful. Next slide. First, we just wanted to tell you a little bit about this checklist. The COVID-19 Health and Safety Checklist – it was created to help Head Start programs provide a safe and healthy environment for children and staff during the COVID-19 pandemic. The checklist assesses critical health and safety issues to reduce the spread of COVID-19. The checklist includes items that you can observe in your program as you prepare for returning to in-person services or preparing for a new program year. The checklist will help you identify and review your programs COVID-19 specific health and safety policies and practices. We're hoping that the checklist will be used in a complimentary way; that it can complement other general health and safety checklists that you might have been using even before the pandemic. The checklist doesn't include all those routine things that you've been doing all along, but it really tries to focus on what's new and what's different about providing care during this pandemic. The checklist has a format. The first page, when you see it as you see right here, it includes some background information, directions on how to complete the checklist, a legend. And then we're going to go through each of the items and show you how it's organized. The checklist is relevant for all Head Start programs. It includes programs that are located in schools, centers, and family child care homes. Next slide.

When we developed the checklist, we reviewed the Head Start Program Performance Standards, the national Caring for Our Children Health and Safety Standards – and the modifications that Nicole just talked to you about – and the guidance from the Centers for Disease Control and Prevention. And their latest guidance, as you know, is “COVID-19 Guidance for Operating Early Care and Education Child Care Programs” that was released in July of 2021. What we did was we looked at each of these, and we identified the COVID-19 specific regulations, standards, or guidance, and put them together into the checklist. Each item in the checklist includes one or more references to the national standards, the regulations, or the guidance, so you know where it comes from, and it links to those references.

Today, we want to show you how we organize the actual categories and the items for the checklist, so Bobbie will start and show you the checklist.

Bobbie: All right. Thanks, Abbey. Thank you. The COVID-19 checklist has 39 items that are divided into 10 groups or categories. Happily, it's been posted as a PDF to the ECLKC website, so it's available for you there. And it's roughly four pages of a PDF, just to give you an idea of how long it is. The categories were identified based on the seven Head Start Risk Reduction Strategies, the Caring for Our Children's standards and modifications, and the CDC guidance that you heard about earlier in the webinar. The 39 items are clustered into the following categories that you see on your screen right now. Policies, communication, and emergency planning; preventative health, which includes wellness care and social determinants of health; transportation; daily health check; care and supervision, which includes cohorts, consistent groups and infant care; personal health habits; environmental health and prevention of infectious disease; healthy indoor air; cleaning, sanitizing and disinfecting; and service providers and community partners.

Now to give you an idea of what's on the checklist and how it's organized, we'll go through each of the categories and pull out a sample of some of the items in that category. You see this on your screen right now. The first category on the checklist is "policies, communications and emergency planning," and it includes nine items. The first item is your health and safety policies have been reviewed and are up to date. That's followed by changes to health and safety policies and practices are communicated to families. Followed by staff receives information, training, and support on implementing COVID-19 practices and policies. As you know, policies must be kept up to date because things can change. And changes to policies must always be clearly communicated to families and staff. Further down in this category, you'll find the emergency operations plan or disaster preparedness plan is up to date and includes steps to take when a child or a staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19. The emergency operation plan is made in collaboration with local partners, for example state and local public health departments, licensing regulators. Again, this is where your health services advisory committee can come in. Planning is important. You'll be better prepared to respond to potential cases of COVID-19 if you've made a plan in advance. Next slide, please.

Now, we move on to preventative health, wellness care, and social determinants of health. You heard about some of these issues and challenges earlier in the webinar today. This category includes the following items: resources that support vaccination are shared with families and staff; staff and families concerns about COVID-19 vaccinations are discussed in a culturally appropriate and nonjudgmental manner. I know that the tip sheet for how to talk to people about their concerns was mentioned earlier, so you might check that out on the ECLKC website. Another item related to wellness care is children are up to date with well-child visits, routine childhood vaccines, developmental screening, and dental appointments. And then there's an item about social determinants of health following. And that is concerns about food and housing security, employment, and safety are discussed with families; resources that support food and housing security and employment and safety are shared with staff and families. Then the category on transportation. This just has the one item. And again, it mirrors what was said earlier in this webinar. Children that are transported on buses are seated one child per row when possible unless they are from the same household, and that drivers and bus aides follow

routine practices for safety, things like hand hygiene and masks. Also that staff and children are screened for symptoms of COVID-19 or illness before boarding the vehicle. Next slide, please.

This slide has two categories. The first of these is the daily health check, and here's where we address screening. Staff and children are screened for symptoms of COVID-19 or illness before entering the facility, and direct service providers are screened for symptoms of COVID-19 or illness before entering a facility. You'll see there's an item about breastfeeding people being screened, and we always want to support breastfeeding families and also screening breastfeeding moms before they enter to make sure that they don't have signs of COVID-19. Non-essential visitors, volunteers, and people attending external group activities have limited access. And there's also an item about touchless thermometers and their appropriate use. The category "Care and Supervision: Ratios, Cohorts, Consistent Groups, And Infants" follows. Checklist items for this category include children are grouped into cohorts with assigned staff and these groupings stay the same from day to day. There's minimal or no interaction between the cohorts. And as we know, and as was mentioned earlier, it's not possible to take care of infants from a distance. This item adds a layer of protection for infant care staff. Staff wear masks and washable masks when feeding and holding infants, extra smocks for staff, and changes of clothing for children are available in case they get soiled during feeding. Eye protection is available for staff caring for infants. And by that, we mean things like glasses, goggles, or a face shield. Next slide, please.

The personal health habits category includes items about masking and hand hygiene and meals. For example, adults including staff, visitors, and family members wear a well-fitted mask indoors. Children 2 years or older who can remove their own mask, wear a well-fitted mask indoors, except when eating and sleeping. And for hand hygiene, adults and children wash their hands or use hand sanitizer upon entering the building. And then there's an item about meals and snacks, which you just heard about from Nicole. Children are spaced apart when seated for meals and snacks, if possible. And if space is limited, children eat in smaller groups with staggered mealtimes to allow more space in between them. Children eat outdoors or in well ventilated spaces. Next slide, please, and back to you, Abbey.

Abbey: Thanks, Bobbie. Now, I'm going to talk about these two other categories, environmental health and prevention of infectious disease and healthy indoor air. Under environmental health, we talk about positioning the children when they're napping, so that they alternate head to toe on the mats. In terms of outdoor environments, we're hoping that more activities can be done outdoors and including meals. Healthy indoor air includes different ideas about ventilation. And as you heard earlier, we'll be having a lot more detail. We'll talk a lot more about this tomorrow on our webinar on ventilation. This one includes windows and doors are open if it's safe and the window's accessible to children open less than four inches or have window guards so the children can't climb out. And there's some more specific information about fans and about HVAC systems and portable air cleaners. And we know that with HVAC systems and portable air cleaners, we want to make sure they're upgraded and maintained according to the manufacturer's instructions. Next slide.

This is about cleaning, sanitizing, and disinfecting. And we know that you all know a lot about this, because this is part of the routine care, of course, that we've been doing in Head Start for a long time. But here we wanted to focus on some of the key issues around COVID-19. The first one here is the facility is cleaned routinely according to the CFOC recommendations. And please see, there are going to be some modifications there. High touch surfaces, including doorknobs railings, grab bars, are cleaned and disinfected at least daily. And this has been supported in some of the guidance that you'll see in CDC and the Caring for Our Children Appendix K. Something new that you might not have seen before was about the products that are being used for disinfecting. We want them to be EPA registered. They should have a number and that you can actually see that on the product. And then you can go to this link here to look at this list, which is from the CDC. There's a list of disinfectants that are effective against coronavirus, so it's a very helpful link. In terms of service providers and community partners, here, this is to remind you about child care health consultants and members of the Head Start Health Services Advisory Committee are engaged and should be working with you to keep you up to date for COVID-19 information and guidance. We know that things change pretty quickly about COVID, and it's hard to keep up to date. We want to make sure that you're getting in touch with people who are experts and can help you. We want to put this here to be specific about members of the Head Start Health Services Advisory Committee and the consultants. The other consultants that we know are really important are infant and early childhood mental health consultants, and they should be engaged to help the programs in terms of promoting resilience, providing support, and addressing social, emotional, mental health challenges that are faced by children, families, and staff during COVID-19. Next slide. Back to Bobbie.

Bobbie: Thanks, Abbey. The COVID-19 list of supplies and tasks is a companion to the COVID-19 Health and Safety Checklist. It's meant to assist you in checking your program supplies and organizing the tests needed to be prepared to open this fall. The list will help you make purchases and investments in reducing the risk of COVID-19. The Office of Head Start has asked me to mention that you can use your COVID funds for these expenses. Some of the supplies will be routine purchases, for example hand sanitizer or liquid soap for hand hygiene. And some of the tasks are bigger investments that could potentially have positive long-term effects on the health and safety of your program. For example, upgrades to your heating and ventilation system. This also is posted on the ECLKC website for you. Next slide, please. Here are some examples of just a few purchases that you may need to make by category. For healthy indoor air, some programs might need a portable air cleaner. And as mentioned earlier, you can learn more about healthy air and ventilation if you attend the National Center on Health, Behavior Health, and Safety webinar on ventilation tomorrow. Next, for personal health habits, you may need to purchase the child and adult sized masks. For daily health checks, you might need to purchase touchless thermometers. And for environmental health, programs may need to purchase outdoor furniture for serving meals outside or equipment for outdoor play or furniture for staff to have breaks in a healthy place. Again, these are just a few examples of items on the COVID-19 List of Supplies and Tasks. And do remember you can use your COVID funds for these expenses. We hope that the checklist and the list of supplies and tasks will be helpful for you as you prepare for the coming year. And now, I'd like to turn it back to Dr. Sells. Jill?

Jill: Thank you, Bobbie and Abbey. We've provided a lot of information to you today, and that big picture reminder that we want to help support programs to do everything they can to support the health of children, families, and staff. And that means all the steps, a layered risk reduction strategy to reduce the risk of transmission of COVID-19, as well as partnering to promote health behaviors, like well-child checkups and immunizations and other services more generally. Next slide. Our key messages around COVID-19 are to encourage staff and families to get vaccinated because this is a leading strategy to end this pandemic; to use universal masking in Head Start programs for children and adults over the age of 2; to monitor rates of local community transmission and adjust program practices needed. And of course, to do this in partnership with the local health and public health community; to implement safe protocols for resuming toothbrushing in group care, serving family-style meals, and allowing essential visitors; and to use the COVID-19 Health and Safety Checklist to reduce the spread of the virus and help you implement all of these strategies. Next slide, please. As a reminder, ventilation webinar's tomorrow. "Check-in on Well-child Checkup" webinar, August 26th. You now have this health and safety checklist and supply and task lists, which are posted on ECLKC. And a reminder that our National Center has an ongoing website related to the health considerations on COVID-19, which will have these resources ultimately as well as ones from the past. Next slide, please.

Next slide. A big thank you from our National Center. We are thrilled to be able to be here today to support you. Next slide. As a reminder, with health specific related questions, you can email us or check out the website related to this. And now, I'll turn it back to Dr. Beltran to close us out.

Marco: Thank you, Dr. Sells. I just want to remind you that our next and final Head Start Forward webinar, that will feature a showcase of grantees best practices related to how they move forward towards fully in-person services, will take place on Wednesday, August the 25th from 1 to 2:30 PM Eastern. It's always really exciting to get an idea from our programs as are struggling to kind of figure out how to do this. And one of the things that we've realized is that as we get these best practices, we get a sense of particular ideas and innovative kind of approaches that actually benefit a lot of folks. We're really excited to put this on, so please attend that. Next slide, please.

Finally, I know that many of you are worried about providing safe services to children and families and that you're working really hard to do that, and to also try to address and manage your and your staff and coworkers wellness and safety. Thank you for doing what you do. And we really mean that, thank you for doing what you do. As a Head Start community, you've been doing an amazing job in trying to ensure the health and safety of our whole Head Start community. I want to thank the National Center on Health, Behavioral Health, and Safety and our Office of Head Start leadership for helping to address questions and for sharing their expertise. This concludes our presentation. Thank you for joining us today and stay healthy and safe.

